**BACKGROUND**
EGb 761® belongs among effective therapies for dementia 1,2. However, this therapy lost reimbursement from national health insurance (NHI) in 2013 due to a lack of evidence for cost-effectiveness of this intervention in comparison to no treatment or iAchE (e.g. donepezil).

**OBJECTIVE**
The aim of this study was to assess the cost-effectiveness of EGb 761® for the treatment of mild to moderate dementia due to Alzheimer’s disease (AD) and vascular dementia (VaD) in the Czech Republic in comparison to no treatment, acetylcholinesterase inhibitor (AChEI – donepezil), or placebo.

**METHODS**
A Markov model was applied to assess the cost-effectiveness of EGb 761® for the treatment of mild to moderate dementia due to AD/VaD. The model was developed with six health states, which are defined by the severity of dementia according to Mini-Mental State Examination (MMSE): (no & minimal dementia), moderate dementia, severe dementia, death (Figure 1).

**RESULTS**
EGb 761® was dominant compared to no treatment in both mild AD and mild VaD while generating cost savings of €650 and €355 and gaining 2.15 QALYs and 0.144 years of life in a 10-year horizon. EGb 761® shows very similar results (slightly cheaper and less effective) in AD/VaD.

**CONCLUSIONS**
EGb 761® represents a cost-saving intervention with more QALYs gained, i.e. dominant therapy, compared to placebo in both mild AD and mild VaD. The results are consistent with other analyses in the treatment of patients with AD in the 10-year horizon. EGb 761® shows very similar results (slightly cheaper and less effective) in comparison to iAchE (e.g. donepezil).

**REFERENCES**
2. Andersen CK et al. 2004 Sep 21;2:52
3. State Institute of Medicines. List of medical services. 2015
6. Transition probabilities for EGb 761® were than derived using direct comparison of donepezil and EGb 761® according to which donepezil is slightly but not significantly more effective (transplantation of clinically significant response – preservation of cognitive functions, RRdonepezil: EGb 761® = 1.06). Dementia increases the risk of death of the general population (Czech statistical office).
7. Annual drug acquisition costs (EGb 761® €52/half-year, donepezil €45/half-year), monotherapy (€280/half-year) were calculated in accordance with SMPC drug dosing scheme and a price of particular drug.
8. Costs of dementia were calculated based on statement of KAL and reimbursed costs.
9. Probability sensitivity analysis (PSA: 0-100 % horizon) was performed with willingness-to-pay (WTP) threshold of 3 times GDP per capita in the Czech Republic (i.e. €144,000). Table 4 summarizes setting of PSA.